

# Is it ethical to recruit doctors from countries with physician shortages?

■ Cite as: *CMAJ* 2019 May 6;191:E512-3. doi: 10.1503/cmaj.109-5745

Posted on cmajnews.com on Apr. 17, 2019.



To help address its physician shortage, Nova Scotia is recruiting doctors in the UK.

**A**s Nova Scotia looks to the United Kingdom for doctors, and Britain comes under fire for importing more doctors than it trains, health human resource experts are calling for ethical and local solutions to Canada's physician shortage.

Staff from the Nova Scotia Office of Immigration, the Nova Scotia Health Authority and the College of Physicians and Surgeons of Nova Scotia recently travelled to four cities in England and Scotland to meet with 36 doctors interested in working in the province. The Nova Scotia Office of Immigration launched a fast-track immigration stream for recruiting and processing doctors last year, according to Lynette MacLeod, a media relations advisor for the office.

Meanwhile, the UK is facing its own physician shortage. According to data from the General Medical Council, 53% of new physician hires at the National Health Service (NHS) come from another country, up from 39% in 2015. Simon Stevens, head of the NHS, called on Britain to stop "denuding low-income countries of health professionals they need." Most of the recruits come from eastern Europe and India.

Ivy Bourgeault, who holds the Canadian Institutes of Health Research Chair in Gender, Work and Health Human Resources, says it is "not ethical" to recruit from the UK. "They have incredible shortages of GPs ... this is being exacerbated by Brexit," she says.

In Nova Scotia, however, the focus is on the shortage at home. Grayson Fulmer,

senior director of medical affairs for the Nova Scotia Health Authority, pointed out that 5% of Nova Scotians are in need of a family doctor. "Just as Nova Scotian physicians are lured to other work environments for competitive offerings, we have a duty to our population to provide access to health care wherever possible," Fulmer wrote in a statement. "This is a timely and complex issue."

With 25% of its doctors educated abroad, Nova Scotia's foreign-trained doctor ratio is in line with Ontario and other provinces. (In Saskatchewan, meanwhile, 50% of doctors are foreign-trained). Overall, data from the Canadian Medical Association show that, in 2018, around 26% of doctors working in Canada were trained abroad. That percentage has held steady over the last decade. Many come from low- and middle-income countries.

"Our dependency ratio on foreign-trained doctors hasn't really shifted. It's built into the body and soul of the Canadian health system," says Ronald Labonté, a Canada Research Chair in Contemporary Globalization and Health Equity. "Under that sort of circumstance, I think Canada has a larger moral obligation to ... make sure there are adequate resource transfers to lower- or middle-income countries."

Numerous suggestions have been floated about how high-income countries could compensate lower-income countries for the brain drain, such as increasing foreign aid, but none have been adopted. Labonté proposes that income tax gathered from doctors from nations with severe physician shortages could be funnelled back to their home countries. No matter how compensation is structured, it should be invested

in these countries' health systems, Labonté argues, to address the common “push factors” that cause doctors to leave — namely, that they are underpaid and working in under-resourced health systems.

Bourgeault says Canada should be taking steps internally to solve its physician distribution and supply issues. “We need to be doing better at health workforce planning, which we are pathetic at,” she says. “It’s inexcusable, that as a high-income country that has

invested millions in data on the patient side, we don’t invest the money [to gather and analyze] the data on the health workforce side.”

In addition to better health workforce planning, Canada should focus on increasing rural training opportunities, streamlining processes for licensure in multiple provinces, exploring how to “bring Canadian physicians back” if they are practising abroad, and better utilizing nurse practitioners and physician assistants, Bourgeault suggests.

She adds that recruiting abroad is typically not an effective measure to fill needs in rural areas in the long term. A 2012 study found that a majority of international medical graduates practising in Newfoundland left the province after gaining full licensure. “You have to look at the broader ethics of recruiting, and most people don’t,” says Bourgeault, who estimates that Canada saves about \$1 million in training costs for each foreign-trained physician hired.

**Wendy Glauser**, Ontario, Ont.